Signature

Name (Print/Type)

Joseph W. Ragusa

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/896,220 RANSMITTAL June 29, 2001 Filing Date Edward R. Howorka First Named Inventor For FY 2006 **Examiner Name** D. S. Felten Applicant claims small entity status. See 37 CFR 1.27 3624 Art Unit E3331.0450 TOTAL AMOUNT OF PAYMENT 2,950.00 (\$) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims F	ee (\$)	Fee Paid (\$)		
3= _	x	=			
HP = highest number of i	ndependent claims paid	for, if greater the	an 3.		
3. APPLICATION SIZ	E FEE				
If the specification a	and drawings exceed	d 100 sheets	of paper (excluding electronically filed	sequence or	computer
listings under 37	CFR 1.52(e)), the	application si	ze fee due is \$250 (\$125 for small entir	y) for each a	dditional 50
sheets or fraction	thereof. See 35 L	S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	• •	
Total Sheets	Extra Sheets	<u>Number</u>	of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100) =	/50	(round up to a whole number) x		=
4. OTHER FEE(S)					Fees Paid (\$)
Non-English Spec	ification, \$130 fe	e (no small er	ntity discount)		
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month					2,160.00
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SUBMITTED BY	1				
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Registration No.

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December 4, 2006